

MDR Tracking Number: M5-04-0821-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 17, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the electrical stimulation, ultrasound therapy, office visits, myofascial release, electrical stimulation-unattended, aquatic therapy, neuromuscular re-education, therapeutic activities, hot/cold pack therapy, TENS application and rental TENS unit were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 03-11-03 to 04-07-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of January 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

January 28, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0821-01
IRO Certificate No.: IRO 5055

REVISED REPORT
Specialty of reviewer corrected.

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Information Provided for Review:

Correspondence
H&P and office notes
Physical Therapy notes
Nerve Conduction Study
Procedure Reports
Radiology Reports

Clinical History:

This case involves a 35-year-old male who sustained a low back injury at work on ___. The diagnosis was herniated nucleus pulposus of L4-L5 with radiculopathy. He underwent a laminectomy discectomy of L4-L5 on 10/30/03.

The initial physical therapy evaluation indicates that the lumbar range of motion was 10 percent in flexion, 5 percent in extension, 15% in side bending, and 15 percent in rotation. The pain intensity at that time was 10/10 as reported by the patient. The short-term goals were independence in a home exercise program increasing flexion by 50 percent, increasing extension by 50 percent in 2 weeks. The physical therapist administered treatment for a considerable amount of time. In reviewing the documentation provided, which included progress reports and reevaluations, it was found that the short-term goals were not met. There was not a significant increase in the patient's range of motion, and in fact, on January 6, 2003, the therapist reported that flexion was at 20 degrees and extension was at 25 degrees.

However, on March 27, 2003, the physical therapist reported flexion was at the same amount of 20 degrees, and extension in fact had reduced to 15 degrees.

Disputed Services:

Electrical stimulation, ultrasound therapy, office visits, myofascial release, electrical stimulation-unattended, aquatic therapy, neuromuscular re-education, therapeutic activities, hot/cold pack therapy, TENS application, and rental TENS unit, during the period of 03/11/03 through 04/07/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatments, therapies and services in dispute as stated above were not medically necessary in this case.

Rationale:

Rationale for this decision is based upon several factors. Extension is critical in reducing a load on a disc when you have a radiculopathy, but consequently, the pain at that point was rated at an 8/10 intensity. It had been rated at a 7/10 intensity on January 6, 2003, and again an 8/10 intensity on March 11, 2003. Improvement that should have occurred over that extended period of time in physical therapy was not evident.

In addition to that, the physical therapist made several references in the letter for reconsideration, and in some of the other reports found in the documentation, that "The Journal of Orthopaedic and Sports Physical Therapy," V19, March 1994, Pages 140-145, stated that water reduced the effects of weight-bearing on the joints while at rest. The therapist used this as a reference to support the aquatic therapy. While water does reduce the effects of weight-bearing on the joints, this was not a joint problem. That report stated that the aquatic therapy had "improved capacity to perform joint actions of the shoulders" in the older population, as stated directly from the article. This patient did not have a shoulder problem. In addition to that, the article did state that the effects of the water exercises did help muscle endurance and the aerobic work capacity in older adults. This treatment did not correspond to a return to work program. The treatment that the therapist had used in the pool was not identified. It was stated in very general terms that did not support that treatment as a return to work program for this particular patient.

The physical therapist also references an article in "The Spine Journal," V26, 2001, Pages 243-248, regarding the multifidus wasting and the justification of the soft tissue mobilization that was used for proprioception of the multifidus muscles. The article referenced does not relate to the multifidus at all. It relates to cervical myelopathy and has nothing to do with the lower back.

In addition to that, it is not understandable how a physical therapist could utilize a soft tissue mobilization procedure on a multifidus, which is a stabilizing muscle very, very deep in the body.

Dr. Janet Travell and Dr. David Simons, in their published book, "Myofascial Pain and Dysfunction, The Trigger Point Manual", copyright 1992, Williams and Wilkins in Baltimore, Maryland does not reference any treatment directly to the multifidus. It is just too deep. The treatment that the physical therapist identified as being applied to proprioceptive training of the multifidus based upon the research cannot be supported.

An entry that a physician made on 04/10/03 that the patient was in so much chronic pain and deconditioning at that point that he had concerns that the outcomes of surgery would not be beneficial without the patient going through some sort of reconditioning program. This entry was made by the physician following an extended amount of time that the patient had been in physical therapy, again indicating that the therapy had not helped.

Additional concerns I have regarding the physical therapy is that the documentation does not support 2 units of ultrasound. It supports 16 minutes of treatment. The aquatic therapy is not documented in a way that we could review the exercises that were being utilized in the pool to determine what effectiveness they may have had initially for the patient. Also, there is not enough documentation for the myofascial release as to what exactly the physical therapist was doing to benefit the patient.

The neuromuscular rehabilitation does not have adequate documentation to support the treatment there.

Overall, I have real concerns about the over-utilization of modalities, the ultrasound, electrical stimulation. There is no documented evidence that treatment beyond the first few weeks in the acute stage is beneficial to the patient.

Sincerely,